

Application:                      control number.

10/0102979

(Column 1) (Column 2)

FOR		(Column 2)
BASIC FEE (37 CFR 1.16(a), (b), or (c))	NUMBER FILED	NUMBER EXTRA
SEARCH FEE (37 CFR 1.16(a), (b), or (m))		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(i))		
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 20 =	
	minus 3 =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

\* If the difference in column 1 is not zero, the fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof.

\* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED -- PART II

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	9/26/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR § 16(h))	30	Minus	27	3
	Independent (37 CFR § 16(h))	5	Minus	4	1
Application Size Fee (37 CFR § 16(s))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR § 16(u))					

SMALL ENTITY	
RATE (\$)	ADDI- TIONAL FEE (\$)
x 25 =	
x 100 =	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	150.00
x 200 =	200.00
TOTAL ADDL FEE	

AMENDMENTS	1/12/6	(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR § 151.1)		16	16	0
Independent (37 CFR § 151.101)		2	16	0
Application Size Fee (37 CFR § 151.101)				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR § 151.101)				

RATE (\$)	ADDITIONAL FEE (\$)
1	
2	
TOTAL	
ADDITIONAL FEE	

	RATE (\$)	ADDITIONAL FEE (\$)
OR	x	=
OR	x	=
OR		
OR	TOTAL	
	ADD'L FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

collection of information is required for (Total or Independent)

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTC-9199 and select option 2.

**BEST AVAILABLE COPY**

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

400200  
101 062979

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 = *	4
INDEPENDENT CLAIMS	3 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *	Minus **	=
	Independent *	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *	Minus **	=
	Independent *	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *	Minus **	=
	Independent *	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	72
X42=		OR	X84=	---
+140=		OR	+280=	---
TOTAL		OR	TOTAL	812

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	